

Exhibit H

IN RE: : SUPERIOR COURT OF
PELVIC MESH/GYNECARE : NEW JERSEY
LITIGATION : LAW DIVISION -
: ATLANTIC COUNTY
:
: MASTER CASE 6341-10
:
: CASE NO. 291 CT

CONFIDENTIAL-SUBJECT TO STIPULATION AND ORDER OF
CONFIDENTIALITY

September 13, 2012

Volume II of the transcript of the
Deposition of CHARLOTTE OWENS, M.D., called for
Videotaped Examination in the above-captioned
matter, said deposition taken pursuant to
Superior Court Rules of Practice and Procedure,
by and before JoRita B. Meyer, a Certified
Realtime Reporter, Registered Merit Reporter,
and Certified Court Reporter for the State of
Georgia, at the offices of Troutman Sanders,
600 Peachtree Street Northeast, Atlanta,
Georgia, commencing at 9:11 a.m.

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1 A. Correct.

2 Q. And it says the potential effect of
3 that is damage to the cannula and the potential
4 hazard what could occur would be tissue damage,
5 correct?

6 A. Correct.

7 Q. And the potential harm that could
8 result here is described as bleeding, correct?

9 A. Correct.

10 Q. And you understood that through your
11 review of this -- rephrase.

12 And you understood that it was
13 required that you capture all of the different
14 failure modes, all the things that could go
15 wrong in the procedure, even if the doctor was
16 properly trained and following the proper
17 procedure, and the effects of those failure
18 modes, the hazards that could occur, and the
19 resulting harms, and you were supposed to
20 capture all of them, correct?

21 A. Yes, all that we could conceive of,
22 yes.

23 Q. Now, one of the things that could
24 happen is during the passage of the guides, is
25 the pudendal nerve could be injured, correct?

1 specifically mentioned in the document.

2 BY MR. SLATER:

3 Q. And therefore, none of them are
4 specifically scored, correct?

5 A. They would have been included in
6 things other than the terms that you mentioned.

7 Q. As the document appears and as it was
8 specifically and carefully written by quality
9 engineering, with your approval, those items do
10 not appear and are not specifically scored,
11 correct?

12 A. Those items are not specifically
13 mentioned, no.

14 Q. All right. Now let's look at the
15 dFMEA, which is Exhibit 629. You understood
16 the purpose of the dFMEA, correct?

17 A. Yes.

18 Q. That's the Design Failure Modes and
19 Effects Analysis, correct?

20 A. Yes.

21 Q. And what was the purpose of this
22 analysis?

23 A. To review the potential risk
24 associated with the design of the product.

25 Q. And when you say "associated with the

1 design of the product," that means that when
2 the product is in a woman's body and the
3 product was manufactured completely consistent
4 with the specifications, these are the things
5 that could go wrong and harm a patient,
6 correct?

7 A. Correct.

8 Q. Let's look now at this dFMEA, and
9 let's look at page -- looking at the Bates
10 number 03573, the actual chart and grid.

11 And it indicates that you were one of
12 the individuals who provided input as medical
13 director, correct?

14 A. Yes.

15 Q. And again, as with the aFMEA, you had
16 to sign off on the dFMEA in order for this gate
17 to be surpassed so the product could move
18 closer to Product Release Authorization and to
19 be marketed to be put in women's bodies,
20 correct?

21 A. Correct.

22 Q. And what this does is, in the chart,
23 is the different components of the PROLIFT kit
24 are each evaluated in terms of what harms they
25 could cause if they were to fail, correct?

1 what occurred during the surgery going forward
2 in time, correct?

3 A. Not going forward in an indefinite
4 amount of time, no.

5 Q. Oh, no, how long forward?

6 A. Again --

7 Q. What's the cutoff?

8 A. There's not --

9 Q. I'm asking you for the cutoff.

10 A. I don't have an exact number of
11 minutes or seconds. But I can tell you that it
12 is about the application of the device, which
13 is a surgical procedure.

14 MR. SLATER: Can you put, Diane, in
15 front of her Exhibit 623?

16 MS. WATKINS: Yes. She's got it.

17 BY MR. SLATER:

18 Q. Doctor, this is the design --
19 rephrase.

20 Exhibit 623 is the final version of
21 the Device Design Safety Assessment, the DDSA.

22 Do you see that?

23 A. I do.

24 Q. And you ultimately needed to sign off
25 on the DDSA on behalf of Medical Affairs,

1 correct?

2 A. I'm trying to verify -- I'm not
3 listed on the approval page.

4 Q. Do you recall whether or not you had
5 to sign off on and approve the DDSA on behalf
6 of Medical Affairs?

7 A. Again, as you know, it would have
8 been seven years since I saw this document. I
9 would need to see -- if I'm on there as an
10 approver, then I can say I would have had to
11 approve it. But right now I'm not remembering
12 if I was an approver of this document.

13 Q. Can you look at the page that has in
14 the bottom right corner, 812. That's the last
15 three digits of the Bates number.

16 A. Okay.

17 Q. That's actually the first page of the
18 DDSA form.

19 A. Yes.

20 Q. This form is the form that actually
21 rates -- lists and rates the hazards as part of
22 the DDSA, correct?

23 A. It appears that this is the DDSA
24 safety assessment form, yes.

25 Q. And, for example, line 1 evaluates

1 biocompatibility hazards, correct?

2 A. Yes.

3 Q. For example, the second -- third --
4 second part of that, Implant device is not
5 biocompatible, correct?

6 A. Correct.

7 Q. And now on the next page, for
8 example, Section 5, Hazards resulting, it says
9 "to," but it actually should say "from" the use
10 of the device.

11 Do you see that?

12 A. Yes.

13 Q. And this lists different hazards that
14 can result when the PROLIFT is utilized,
15 correct?

16 A. Correct.

17 Q. And did you understand -- well,
18 rephrase.

19 And then you go to the next page --
20 rephrase.

21 Then you go to number 6. It talks
22 about hazards resulting from reasonably
23 foreseeable misuses of the device.

24 Do you see that?

25 A. Yes.